



**GENERAL INSTRUCTIONS:**

1. For **NEW BUSINESS**, please fill-out Sections A-C.
2. For **RENEWAL** and **RETIRING BUSINESSES**, Kindly fill-up Section C.
3. For **AMENDMENT** of Business Data, fill-up amendment Section and applicable fields for revision.

**2024**

**UNIFIED APPLICATION FORM FOR BUSINESS PERMIT**

<b>TRANSACTION TYPE:</b>	<b>FORM OF OWNERSHIP:</b>	<b>MODE OF PAYMENT:</b>	DATE OF APPLICATION:	
<input type="checkbox"/> NEW	<input type="checkbox"/> SINGLE PROPRIETORSHIP	<input type="checkbox"/> ANNUALLY	TRANSACTION NUMBER:	
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SEMI-ANNUALLY	BUSINESS PLATE NUMBER:	
<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> QUARTERLY	<b>BUSINESS ACCOUNT NUMBER (BAN)</b>	
<input type="checkbox"/> FULL RETIREMENT	<input type="checkbox"/> ONE-PERSON CORPORATION	<b>PAYMENT OPTIONS:</b>		
<input type="checkbox"/> PARTIAL RETIREMENT	<input type="checkbox"/> COOPERATIVE	<input type="checkbox"/> CASH		
	<input type="checkbox"/> ASSOCIATION/ FOUNDATION	<input type="checkbox"/> CHEQUE		
		<input type="checkbox"/> ONLINE PAYMENT		

AMENDMENT/S: (If there are any changes or amendments from the previous business registration, please check the box/es and attach copies of supporting documents.)

<input type="checkbox"/> Ownership	<input type="checkbox"/> Form of Ownership	<input type="checkbox"/> Business Name	<input type="checkbox"/> Business Address	<input type="checkbox"/> Nature of Business	<input type="checkbox"/> Additional Line
FROM			TO		

**A. BUSINESS INFORMATION AND REGISTRATION**

Do you have tax incentives from any Government Entity?  Yes (Please specify the entity and attach a copy of your certificate)

DTI /SEC/CDA Registration No.	PEZA /BOI Registration No.	Tax Identification Number (TIN)
DTI /SEC/CDA Registration Date	PEZA /BOI Registration Date	BIR Certificate Registration No.

Business Name: ▶

Trade Name / Franchise (If applicable): ▶

<b>Name of Taxpayer:</b> (for Sole Proprietorship only)			<b>Name of President / Officer in Charge:</b> (for Corporation, OPC, Partnership, Association & Cooperatives only)		
LAST NAME			LAST NAME		
FIRST NAME			FIRST NAME		
MIDDLE NAME SUFFIX			MIDDLE NAME SUFFIX		
GENDER <input type="radio"/> Male <input type="radio"/> Female	EMAIL ADDRESS		GENDER <input type="radio"/> Male <input type="radio"/> Female	EMAIL ADDRESS	
MOBILE NO.	TELEPHONE NO.		MOBILE NO.	TELEPHONE NO.	
OWNER'S RESIDENTIAL ADDRESS	House / Building / Block & Lot No. Street / Subdivision / Village		MAIN OFFICE ADDRESS	House / Building /Block& Lot No. Street / Subdivision / Village	
	Barangay City / Municipality Province Zip Code			Barangay City / Municipality Province Zip Code	

**B. BUSINESS OPERATION**

Total Floor Area (in square meters)	BUSINESS ADDRESS		House No. / Bldg. No / Blk & Lot No.	Name of Building / Street Name / Purok			
Area intended for Business (in sqm.)	<input type="radio"/> MAIN	<input type="radio"/> BRANCH	Subdivision / Village Name Barangay				
Total Number of Employees <table border="1" style="width:100%; border-collapse: collapse;"><tr><td>Male</td><td>Female</td><td>Total</td></tr></table>	Male	Female	Total	Is the place OWNED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Property Identification Number (PIN)	
Male	Female	Total					
Total Number of Employees Residing within the LGU	If leased, Lessor's Full Name:		Lessor's Address				
No. of Delivery Vehicles <table border="1" style="width:100%; border-collapse: collapse;"><tr><td>Van</td><td>Truck</td><td>Motorcycle</td></tr></table>	Van	Truck	Motorcycle	Marketing Platform	WEBSITE please indicate site below		Social Media Account/s: please indicate below
Van	Truck	Motorcycle					

**C. DECLARATIONS**

TOTAL CAPITAL INVESTMENT (Please attach Declared Total Capital Investment which includes Net working Capital + PP&E + Goodwill & Intangibles)

NATURE/ LINE OF BUSINESS	PRODUCTS/ SERVICES	PSIC Code	No. of Units	CAPITALIZATION / PREVIOUS GROSS SALES RECEIPTS	CURRENT GROSS SALES/ RECEIPTS	
					Essential	Non-Essential

**DEED OF UNDERTAKING/ WAIVER**

I, \_\_\_\_\_, of legal age, and business registrant of Calamba City, undertake to comply with all statutory and regulatory requirements necessary to my license/permit application both on prerequisite and post inspection bases. I hereby authorize access to the premises of my establishment for city inspector/s to conduct the incidental/mandatory ocular inspection pursuant to law/ordinance.

Likewise, I declare under penalty of perjury, that all information declared in this application are true and correct to the best of my personal knowledge and hereby attest to the authenticity of all the attached documents. I also acknowledge that all personal data and account transaction information records with the City Government of Calamba may be processed, profiled or shared to requesting parties or for the purpose of any court, legal process examination/inquiry/investigation of any legal authority consistent and within the limits of the provisions of Data Privacy Act of 2012 and its Implementing Rules and Regulations.

Accordingly, I hereby recognize the right of the City Government of Calamba to issue suspension or revocation of my permit/license or execute foreclosure after due process in case of non-compliance on my part of any requirement, refusal to be inspected, and violation of pertinent law or any of the terms and conditions of my permit/license.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/ OWNER OVER PRINTED NAME

\_\_\_\_\_  
DESIGNATION/ POSITION/ TITLE

**APPROPRIATE DEPARTMENT SHALL FILL-UP THIS SECTION**

TAXPAYER'S NAME ▶	Date of Application (MM/DD/YYYY) ▶
BUSINESS NAME ▶	Business Account Number (BAN) ▶

1. VERIFICATION OF DOCUMENTS:     NEW     RENEWAL WITH POSITIVE FINDINGS \_\_\_\_\_

DESCRIPTION	OFFICE/AGENCY	COMPLIANCE			Remarks	Evaluated by
		Y	N	NR		
Assessment of Application and requirements	Business Permits and Tricycle Franchising Office					
Verification of Business Record	City Treasury Management Office					
Zoning Clearance <input type="checkbox"/> Zoning Ordinance (When Applicable)	City Planning and Development Office					
<input type="checkbox"/> Occupancy Permit <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical	Building Regulatory Services Office					
Validation of the Proof of Ownership or Authority to Use	City Assessor's Office					
Sanitary Permit/ Health Clearance	City Health Department					
City Environment Certificate	City Environment and Natural Resources Office					
Security & Traffic Clearance	Public Order and Safety Office					
Department of Tourism Accreditation	Cultural Affairs, Tourism and Sports Development Office					
Valid Fire Safety Inspection Certificate	Bureau of Fire Protection					

\* NR – Not Required

**MEMORANDA:**

  
  
  
  
  
  
  
  
  
  

**SKETCH/ LOCATION MAP:**